

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHRISTIAN LIFE SERVICES INC

To operate CHRISTIAN LIFE SERVICES

Located at 3408 -10 NORTH 19TH STREET, PHILADELPHIA, PA 19140
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____
ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____
ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____
ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 44
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 18, 2014 until August 18, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132790

Robert E. Robinson
ISSUING OFFICER

[Signature]
ACTING SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 19 2014

Ms. Shirell Taylor, Administrator
Christian Life Services
2400 West Lehigh Avenue
Philadelphia, Pennsylvania 19132

RE: Christian Life Services
3408 North 19th Street
Philadelphia, Pennsylvania 19140
License #: 132790

Dear Ms. Taylor:

As a result of the Department of Public Welfare's licensing inspection on June 25, 2014 and August 1, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

3H

Enclosures
License
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: CHRISTIAN LIFE SERVICES		License Number: 13279
Address: 3408 10 NORTH 19TH STREET, PHILADELPHIA, PA 19140		County: Philadelphia
Administrator: Master: Movita Johnson Admin: Shirell Taylor		Region: SOUTHEAST
Legal Entity Name: CHRISTIAN LIFE SERVICES INC		
Legal Entity Address: 2400 WEST LEHIGH AVENUE, PHILADELPHIA, PA 19132		
Certificate(s) of Occupancy Other 01/21/2005 City of Phila L&I		
Staffing Hours Resident Support: Total Daily Staff: 18 Waking Staff: 14		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Provisional, Monitoring, Settlement		
On-Site Inspections Dates and Department Representatives On-Site 06/25/2014: Adams, Patricia; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 44 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 6 Have Mental Illness: 18 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 6/25/14, the home's copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A staff had taken the 55 Pa. Code Chapter 2600 off of the board that morning to review.
The 55 Pa. Code Chapter 2600 was replaced during the inspection.
The direct care staff will check the board daily to ensure the book is posted.
If the book is missing the staff will immediately replace it.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Date

7/18/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/1/14
(Date)

Plan of correction implementation status as of

8/1/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JB
(Initials)

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 6/25/14, an agent of the Department, requested access to resident # 1's medication administration records for May 2014. Staff person (A), who was off site, had the only available key to the storage area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The staff person mistakenly took the key when he left after his shift the night before.
The administrator has obtained an additional key to keep in the home.
The home will make sure the key is available to ensure ARL has access to records.
The manager will check the key ring daily to make sure the key is present in the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Novita Johnson-Harrell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Novita Johnson-Harrell

Date 7/18/14

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The above plan of correction is approved as of

8/1/14
(Date)

Plan of correction implementation status as of

8/1/14
(Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

YB
(Initials)

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The front door molding, located on the 3408 side of the building, was missing on the left side of the door; presenting a resident hazard. The door also had a 1 1/2 inch gap at bottom allowing the entrance of unwanted pest.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The front door on the 3408 side of the home has been sealed.
The staff will conduct rounds daily to make sure that doors are in good repair.
Any hazards found will immediately be reported to maintenance for repair.
The administrator will conduct rounds daily to make sure that all doors are in good repair.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Mervita Johnson-Harrell

Date 7/18/14

DEPARTMENT USE ONLY: HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Coda §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone located in the kitchen does not have emergency service numbers posted nearby.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The phone had been moved from its' stationary location where the emergency numbers are posted.
The home posted numbers in the new location at the time of inspection.
The staff will check daily to make sure that all telephones have emergency numbers posted.
When a posting is missing, the staff will immediately replace it.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Novita Johnson-Harrell

Date 7/18/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

(Date) 8/11/14

Plan of correction implementation status as of

(Date) 8/11/14

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

(Initials)

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The bench of the wooden A-frame picnic table, located on back patio of the home, was broken in half and unusable; presenting a falling hazard for the residents.
- The molding on the refrigerator door, located in the kitchen, was falling off and in disrepair.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The bench of the wooden picnic table was removed
 The molding on the refrigerator door in the kitchen was replaced
 The staff will conduct rounds to make sure that furniture and equipment are in good repair.
 Any deficiencies will be reported to maintenance immediately for repair.
 The administrator will conduct rounds weekly to make sure that furniture and equipment are in good repair and free of hazard.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Date 7/18/14

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The above plan of correction is approved as of 8/1/14
(Date)

Plan of correction implementation status as of 8/1/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by JB
(Initials)

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in room 4A does not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Batteries were put into the light source in room 4A at the time of inspection.
The staff will check bedside lights daily to ensure that they are all operable.
Any missing lights, batteries, or bulbs will be replaced immediately.
The administrator will conduct rounds weekly to ensure that all lights are operable.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Date *7/18/14*

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The above plan of correction is approved as of

8/1/14
(Date)

Plan of correction implementation status as of

8/1/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

RB
(Initials)

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
The window coverings on the window of resident # 2's room were in disrepair and could not be opened.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A new blind was installed in room #2.
The home keeps additional blinds on site.
The staff will check blinds daily to make sure that they open.
Any blinds in disrepair will be replaced immediately.
The administrator will conduct rounds weekly to make sure all blinds are operable.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

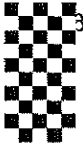
Monita Johnson-Harrell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Monita Johnson-Harrell Date *7/18/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/1/14</u> (Date)	Plan of correction implementation status as of <u>8/1/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.102(d)(2) - Bathtubs and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION
The bathtub and showers, located on the 2nd floor, do not have a slip-resistant surface.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A bath mat was placed in the bathroom on the 2nd floor during inspection.
The home keeps additional bathmats on site.
The staff will check the bathtubs and showers daily to make sure that they have slip-resistant surfaces.
Any missing bath mats will be immediately replaced.
The administrator will conduct rounds weekly to make sure that all bathtubs and showers have slip-resistant surfaces.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Date *7/18/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

[Signature]
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

2a. DESCRIPTION OF VIOLATION
The home did not have a sign posted in the front entrance indicating whether or not smoking is permitted.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A no smoking sign was posted in the front window during the inspection.
The staff will check the front daily to make sure a no smoking sign is posted.
Any missing no smoking signs will be replaced immediately.
The administrator will conduct rounds weekly to make sure no smoking signs are posted on the front porch.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Havel

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Havel

Date

7/18/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

9/11/14
(Date)

Plan of correction implementation status as of

8/11/14
(Date)

The above plan of correction was approved by

JB
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
The home's smoking area does not include the use of fireproof receptacles.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home has put #6 cans in the back yard for cigarette butt disposable.
The staff will check the backyard daily to make sure the #6 cans are in the back.
Any missing cans will be replaced immediately.
The administrator will conduct rounds daily to make sure there are cans in the back for cigarette butt disposal.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Date

7/18/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/1/14
(Date)

Plan of correction implementation status as of

8/1/14
(Date)

The above plan of correction was approved by

JB
(initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Storage directions from the manufacturer of Lantus SoloStar states "before opening, store Lantus in the refrigerator (36 degrees Fahrenheit to 46 degrees Fahrenheit. On 6/25/14, resident # 3's Lantus was stored in a refrigerator which did not contain a thermometer; thus compliance could not be determined.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The staff removed the thermometer when cleaning out the refrigerator that morning.
The thermometer was put back into the refrigerator during the inspection.
The staff will check the refrigerator daily to make sure the thermometer is present.
Any missing thermometer will be replaced immediately.
The administrator will conduct rounds weekly to make sure there is a thermometer in the refrigerator.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Movita Johnson-Harrell*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Movita Johnson-Harrell* Date *7/18/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/1/14*
(Date)

The above plan of correction was approved by *JB*
(Initials)

Plan of correction implementation status as of *8/1/14*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 65 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
On 6/25/14, ten packets of Triple Antibiotic Ointment was observed with an expiration date of 5/2014.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The packets of antibiotic ointment came with the first aid kit, they were removed during inspection.
The home will not be putting antibiotic ointment into the first aid kit.
The alcohol pads that are in the first aid kit are sufficient.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Monita Johnson Harrell

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Monita Johnson Harrell

Date

7/18/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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8/1/14
(Date)

Plan of correction Implementation status as of

8/1/14
(Date)

The above plan of correction was approved by

MB
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 56 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident # 1's Venlafaxine 150 mg Er Is to be administered at 8:00 am daily; however, it was prepackaged with the 8:00 pm medications and administered at that time. The home does not have a procedure to ensure that medications in Medicine on Time are packaged in the correct prescribed time Medication on Time container.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The time on the MAR for the Venlafaxine 150mg was a typographical error.
The medication is intended to be dispensed at 8pm per the packaging instruction.
The pharmacy changed the time on the MAR for the Venlafaxine 150mg from 8am to 8pm.
The nurse will audit the MARs and medications monthly to make sure that the times and packages are correct.
Any errors will be reported to the pharmacy immediately for correction.
Corrected MARs will be kept in the book.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Monita Johnson-Harred

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Monita Johnson-Harred

Date 7/18/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/1/14
(Date)

Plan of correction Implementation status as of

8/1/14
(Date)

The above plan of correction was approved by

JB
(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

- The home's procedures for the safe use of medications and medical equipment do not include a procedure to ensure that medications in Medicine on Time are packaged in the correct administration time specific containers. The home uses Medicine on Time for their medication packaging and management system.

- The home procedures do not include the most current medication delivery system in use. The home's procedures reference Automeds as their medication packaging and management system and they are using Medicine on Time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Home

The policy states that the utilizes the Automed system, this is incorrect.
 The home utilizes the Medication on Time system.
 The policy has been changed to reflect the system the home actually uses.
 The home does have procedures to that medications are packaged correctly according to administration times.
 The nurse will utilize the Medication on Time policy and procedure to make sure the medications are packaged correctly according to administration times in their specific containers.
 Any errors will be immediately reported to the pharmacy for correction.
 Corrected medications/MARS will be kept in their designated places.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Movita Johnson-Harrell

Date

7/18/14

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(Date)

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8/1/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 13279 - 06/25/2014 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 6/25/14, direct care staff person B, initialed the medication administration record of resident # 1 for the administration of Venlafaxine 150 mg at 8:00 am. The medication package did not contain Venlafaxine 150 mg. The medication was pre packed by the Pharmacy for an 8:00 pm administration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The staff initialing the Venlafaxine 150mg at 8am was a documentation error.
The time on the MAR for the Venlafaxine 150mg was a typographical error.
The medication is intended to be dispensed at 8pm per the packaging instruction.
The pharmacy changed the time on the MAR for the Venlafaxine 150mg from 8am to 8pm.
The nurse will audit the MARs and medications monthly to make sure that the times and packages are correct.
Any errors will be reported to the pharmacy immediately for correction.
Corrected MARs will be kept in the book.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Novita Johnson-Harrell

Date 7/18/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/1/14
(Date)

Plan of correction implementation status as of

8/1/14
(Date)

The above plan of correction was approved by

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented